

# AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE / REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER

**Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)**

<b>L O S S</b>	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)		
	<input type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)		
	<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED
	<input type="checkbox"/> DECAL		
	<input type="checkbox"/> MUTILATED		
	<b>X</b> _____ Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number <b>*</b>		

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION</b> State of Washington Signed or attested County of _____ before me on _____ by _____ Signature _____ <small>Printed Name of Person Signing Document Notary / Agent Signature</small> Notary's Name ( <b>PRINTED</b> or <b>STAMPED</b> ) _____ Title _____ Dealer No. <b>OR</b> <b>AND:</b> County / Office No. <b>OR</b> _____ <small>Notary / Agent Notary Expiration Date</small>
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<b>R E L E A S E</b>	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. ( <b>NOTE:</b> This Release of Interest must be signed by <b>ALL</b> Legal Owner(s), <b>with signatures notarized</b> ; use additional forms if necessary.)		
	<b>X</b>	_____	_____
		Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number <b>*</b>
	<b>X</b>	_____	_____
		Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number <b>*</b>
	<b>NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.</b>		

<b>GROSS WEIGHT LICENSE</b> ( <b>AGENT:</b> You must verify gross weight license. Your signature certifies that the information was verified.) I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:			
	<b>X</b> _____ Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number <b>*</b>		
NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION</b> State of Washington Signed or attested County of _____ before me on _____ by _____ Signature _____ <small>Printed Name of Person Signing Document Notary / Agent Signature</small> Notary's Name ( <b>PRINTED</b> or <b>STAMPED</b> ) _____ Title _____ Dealer No. <b>OR</b> <b>AND:</b> County / Office No. <b>OR</b> _____ <small>Notary / Agent Notary Expiration Date</small>		

**\* The DOL CUSTOMER ACCOUNT NUMBER** is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

*The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.*